efile Public Visual Render ObjectId: 202401979349302820 - Submission: 2024-07-15 TIN: 82-2903153 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

| | nent of the Treasury Revenue Service | Go to <u>www.irs.gov/Form990</u> for instructions and the | e latest ir | irormation. | | Inspection |
|--------------------------------|---|---|-------------|---|------------------------|-----------------------|
| A F | or the 2022 c | l alendar year, or tax year beginning 09-01-2022 , and ending 08- | 31-2023 | | | |
| O Ad | ck if applicable: dress change me change | C Name of organization HETERODOX ACADEMY | | D Employ 82-290 | | fication number |
| O Ini | tial return | Doing business as | - | | | |
| | al return/terminated ended return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | suite | E Telepho | ne number | r |
| O Ap | olication pending | 82 NASSAU STREET 646 | | (646) 9 | 992-3730 |) |
| | | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038 | | G Gross re | eceipts \$ 2 | 2,980,573 |
| | | F Name and address of principal officer: MICHAEL REGNIER 82 NASSAU STREET 646 NEW YORK, NY 10038 | Н(b) | Is this a group resubordinates? Are all subordinational | | ☐Yes ☑No ☐Yes ☐No |
| I Tax | e-exempt status: | ✓ 501(c)(3) □ 501(c)() ◄ (insert no.) □ 4947(a)(1) or □ 527 | | If "No," attach a | | |
| J W | ebsite: 🕨 WW | /W.HETERODOXACADEMY.ORG | H(c) | Group exemption | າ number | • |
| K Forn | n of organization: | : ✓ Corporation ☐ Trust ☐ Association ☐ Other ► | L Year o | f formation: 2017 | M State | of legal domicile: DC |
| Activities & Governance | 4 Number of5 Total num6 Total num | is box of voting members of the governing body (Part VI, line 1a) | | · · · · | 3 4 5 6 7a | 6 6 0 75 |
| | | ated business taxable income from Form 990-T, Part I, line 11 | | | 7b | 0 |
| | | | | Prior Year | | Current Year |
| 9 | | cions and grants (Part VIII, line 1h) | | 4,145, | _ | 2,964,256 |
| Revenue | _ | service revenue (Part VIII, line 2g) | | | 0 | 0 |
| å | | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | | 141 229 | 9,010 7,307 |
| | | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 4,173, | | 2,980,573 |
| | | nd similar amounts paid (Part IX, column (A), lines 1–3) | | 276, | 251 | 6,178 |
| | 14 Benefits | paid to or for members (Part IX, column (A), line 4) | | | 0 | 0 |
| 88 | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 1,874, | 329 | 1,515,885 |
| Expenses | | onal fundraising fees (Part IX, column (A), line 11e) | <u> </u> | | 0 | 0 |
| ਲੂ | | raising expenses (Part IX, column (D), line 25) | | 1,766, | 061 | 873,606 |
| | · | enses. Add lines 13–17 (must equal Part IX, column (A), line 25) | - | 3,916, | | 2,395,669 |
| | - | less expenses. Subtract line 18 from line 12 | | 256, | | 584,904 |
| s or | | | Begii | nning of Current Y | /ear | End of Year |
| Net Assets or Fund Balances | 20 Total asse | ets (Part X, line 16) | | 1,639, | 784 | 2,673,674 |
| et A | 21 Total liab | ilities (Part X, line 26) | | 187, | 884 | 636,870 |
| zΞ | 22 Net asset | s or fund balances. Subtract line 21 from line 20 | | 1.451. | 900 | 2.036.804 |

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

| | I. | | | | | 2024-07-15 | |
|--|--|--------------------------------------|----------------|---------------------------|--------------------|-----------------|-----------------------|
| Sign | Sig | nature of officer | | | | Date | _ |
| Form 9 Part TO IMF CONST 2 3 4 4a | 1111 | | | | | | |
| | Тур | • | | | | | |
| D-:- | J | Print/Type preparer's name | Preparer's | signature | Date 2024-07-15 | Check U if PO | |
| | | Firm's name COHNREZNICK LLP | | | | | 478099 |
| | | | | | | | |
| Paid Preparer Use Only Firm's name | 28-3500 | | | | | | |
| | Separature of afficer Date | | | | | | |
| | | | | | | | ✓ Yes □ No |
| For P | aperwork | Reduction Act Notice, see the se | eparate inst | ructions. | Cat. N | No. 11282Y | Form 990 (202) |
| | | | | Do 2 | | | |
| | | | | Page 2 | | | |
| Form | 990 (2022) | | | | | | Page |
| Par | t III St a | atement of Program Service | Accomplis | hments | | | |
| | | | se or note to | any line in this Part III | | | 🗆 |
| _ | • | • | | | | | |
| | | | CATION IN UN | NIVERSITIES BY INCREA | ASING OPEN INC | QUIRY, VIEWPOIN | T DIVERSITY, AND |
| | | | | | | | |
| | | | | | | | |
| 2 | Did the org | ganization undertake any significant | t program ser | vices during the year w | hich were not lis | sted on | |
| | • | | | | | | 🗆 Yes 🐱 No |
| _ | • | | | | | | |
| 3 | | · | ke significant | changes in how it cond | ucts, any progra | ım | O., |
| | | | | | | | ☐ Yes 💆 No |
| 4 | Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: IMPROVE THE QUALITY OF RESEARCH AND EDUCATION IN UNIVERSITIES BY INCREASING OPEN INQUIRY, VIEWPOINT DIVERSINSTRUCTIVE DISAGREEMENT. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota and revenue, if any, for each program service reported. a (Code:) (Expenses \$ 1,393,497 including grants of \$ 6,178) (Revenue \$ COSTS ASSOCIATED WITH INCREASING PUBLIC AWARENESS, PROVIDING TOOLS AND RESOURCES, AND SUPPORTING COMMUNITIES OF PRACT OPEN INQUIRY, VIEWPOINT DIVERSITY, AND CONSTRUCTIVE DISAGREEMENT ON COLLEGE AND UNIVERSITY CAMPUSES. | | | | | | |
| 4 | | | | | | | |
| | and reveni | ue, if any, for each program service | reported. | to report the amount | or grants and an | | , and total expenses, |
| 42 | (Code: | \ /Evnences \$ | 1 303 /07 | including grants of ¢ | 6 179 | 2) (Payanua ¢ | 7 307) |
| 44 | • | , , , | | | • | , , | • • |
| | | | | | | | |
| | | | | | | | |
| 4b | (Code: |) (Expenses \$ | | including grants of \$ | |) (Revenue \$ |) |
| | Preparer Jse Only Statemer Jse Only Statemer Check if Sci Briefly describe the OIMPROVE THE QUALITONSTRUCTIVE DISAGRI Did the organization the prior Form 990 If "Yes," describe the services? If "Yes," describe the ODI (C)(3) and revenue, if any Section 501(c)(3) and revenue, if any Section Services COSTS ASSOCIATED OPEN INQUIRY, VIEW COSTS ASSOCIATED OPEN INQUIRY OPEN IN | | | | | | |
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| 4- | (6.1. |) (5 | | 1. d dt | |) (D | |
| 4C | (Code: |) (Expenses \$ | | including grants of \$ | |) (Revenue \$ |) |
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| Pai | Checklist of Required Schedules | | , | |
|-----|---|--------|-----|--------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | No |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 6 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥵 | 11e | | No |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | - I |

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21 No

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| | 990 (2022) rt IV Checklist of Required Schedules (continued) | | | Page 4 |
|-----|--|-----|--------|--------|
| Га | Checklist of Required Schedules (continued) | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\tt M}$ | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot$ | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | • | |
| | Check if Schedule O contains a response or note to any line in this Part V | | V- | |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 53 | | Yes | No |

| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0 | | | |
|---|--|----|-----|--|
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |

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|------|--|-----|---------------|
| Pa | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country: | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| а | Gross income from members or shareholders | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| _ | Fabruith a second of account of band | 1 1 | |

| 10/28/2 | 24, 8:44 AM Heterodox Academy - Full Filing- Nonprofit Explorer - ProPublica | | | _ |
|---------|---|--------------|---------------------------|--|
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | -110 |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes " complete Form 6060" | 17 | | |
| | If "Yes," complete Form 6069. | | Form 99 | 0 (2022) |
| | | | | |
| | Page 6 ——————————————————————————————————— | | | |
| Form | 990 (2022) | | | Page 6 |
| Par | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | • | | |
| Se | ection A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 6 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 6 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person? . | ion 3 | | No |
| 4 | $ \ \text{Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?} \textbf{.} $ | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or momembers of the governing body? | re 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following: | у | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Reve | nue Cod | <i>e.</i>) Yes | No |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | res | No No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes? | | | INO |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | <u> </u> | No |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| 16- | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 109 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |

| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
|------|--|--------|---------------|------------------|
| | status with respect to such arrangements: | 16b | | |
| Se | ection C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed. NY | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL REGNIER 82 NASSAU STREET 646 NEW YORK, NY 10038 (646) 992-3730 | | | |
| | | F | orm 99 | 00 (2022) |
| | Page 7 | | | |
| Form | 990 (2022) | | | Page 7 |
| Pai | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Empland Independent Contractors | oloyee | es, | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | | . \square |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| \Box Check this box if neither the organization n | or any related o | organiz | zation compens | sate | d an | y curi | ent | officer, director, | or trustee. | |
|---|---|-----------|---|-----------------------|---------------|--------|-----|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | one of | ition (do not che box, unless perficer and a directional Institutional Trustee; | neck ersoi ecto | n is r/tru | both a | an | (D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC) | (E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) JEFFREY FLIER TRUSTEE | 2.00 | х | | | | | | 0 | 0 | 0 |
| (2) JONATHAN HAIDT CHAIR OF THE BOARD, TRUSTEE | 2.00 | х | | х | | | | 0 | 0 | 0 |
| (3) KATE SMITH TRUSTEE | 2.00 | х | | | | | | 0 | 0 | 0 |
| (4) KATHLEEN O'CONNOR TRUSTEE | 2.00 | х | | | | | | 0 | 0 | 0 |
| (5) STEVEN LAUB TREASURER, TRUSTEE | 2.00 | х | | х | | | | 0 | 0 | 0 |
| (6) TONY BANOUT TRUSTEE | 2.00 | х | | | | | | 0 | 0 | 0 |
| (7) JOHN TOMASI CHIEF EXECUTIVE OFFICE | 40.00 | | | х | | | | 466,321 | 0 | 35,750 |
| (8) MICHAEL DECNIED | 40.00 | | | | | | | | İ | |

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|---------------------------|--|--|--|---|--|---|---|---------|-----|-----------------------|
| (O) PITCHALL REGISTER | | | | х | | | | 80,568 | 0 | 0 |
| EXECUTIVE DIRECTOR | | | | | | | | | | |
| (9) KYLE SEBASTIAN VITALE | 40.00 | | | | | x | | 117,292 | 0 | 5,048 |
| DIRECTOR OF PROGRAMS | | | | | | < | | 117,292 | O . | 3,040 |
| | | | | | | | | | | |
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Form 990 (2022) Page **8**

| (A) Name and title | (B) Average hours per week (list | Position box, | (C) on (do not chec unless person i and a directo | s bo | th a | n offic | one cer | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of othe | | | |
|--|--|-----------------------------------|--|---------|--------------|---------------------------------|------------|---|---|---|--|--|--|
| | any hours for related organizations below dotted line) | Individual trustee or director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | organization (W- 2/1099- MISC/1099-NEC) | organizations (W-2/1099- MISC/1099-NEC) | from the organization a related organization | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Sub-Total | | | | | | • | | | | | | | |
| Fotal from continuation s Fotal (add lines 1b and 1 | | | | | | • | ∟ | 664,181 | 0 | 40, | | | |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2

| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on | |
|---|--|---|
| | line 1a? If "Yes," complete Schedule J for such individual | 3 |

Yes No

⁴ Ear any individual listed on line 15 is the sum of reportable componentian and other componentian from the

| 0/28 | /24, 8:44 AM FOL AITY INDIVIDUAL IISCEU OFF III Organization and related orga individual | | suili oi reportable coi | | i compensation n | on the | 4 Yes | |
|------------------------|---|----------------|-------------------------|-----------------------|--------------------------------|--|------------------------------|--|
| 5 | Did any person listed on line services rendered to the orga | | • | • | - | ndividual for | 5 | No |
| S | ection B. Independent Co | ntractors | | | | L | <u> </u> | |
| 1 | Complete this table for your f | ive highest c | compensated independent | dent contractors that | received more th | an \$100,000 of comp | pensation | |
| | from the organization. Report | | (A) | ear ending with or wi | thin the organizat | (B) | | (C) |
| | | Name and b | usiness address | | De | escription of services | | ensation |
| | | | | | | | | |
| | | | | | | | | |
| 2 | Total number of independent co | ontractors (in | cluding but not limited | d to those listed abo | ve) who received | more than \$100,000 | of | |
| | compensation from the organiz | ation 🕨 0 | | | • | | Form 9 9 | 90 (2022) |
| | | | | Page 9 | | | | |
| Forr | n 990 (2022) | | | | | | | Page 9 |
| Р | art VIII Statement of Re | venue | | | | | | |
| | Check if Schedule O | contains a re | esponse or note to an | | | <u> </u> | | |
| | | | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | Reve exclude tax under | enue ed from r sections - 514 |
| | Federated campaigns | 1a | | | revenue | | 312 - | . 314 |
| | tributions, | | | | | | | |
| Sift and | s. Grants. Membership dues | 1b | | | | | | |
| | erAmt | | | | | | | |
| Ar f ic | Fundaments . | 1c | | | | | | |
| | | | | | | | | |
| d | Related organizations | 1d | | | | | | |
| е | Government grants (contributions) | 1e | | | | | | |
| f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | | |
| | 2,964,256 | | | | | | | |
| g | Noncash contributions included in lines 1a - 1f:\$ | 1g | | | | | | |
| | | <u> </u> | | | | | | |
| h | Total. Add lines 1a-1f | | 2,964,256 | | | | | |
| | | | Business Code | | | | | |
| | 2a | | | | | | | |
| 2 | | | _ | | | | | |
| 9 |) | | | | | | | |
| Ď | 2 | | _ | | | | | |
| 4 | | | _ | | | | | |
| Coming Dougues | 5 1 | | | | | | | |
| 5 | - | | | | | | + | |
| 5 | | | | | | | | |
| à | f All other program service re | ovenue | | | | | | |
| | | | | | | | | |
| | 9 Total. Add lines 2a-2f | | internal and of | <u> </u> | | | | |
| | Investment income (includin similar amounts) Income from investment of t | | • | 9,010 | | | | 9,010 |
| | - Income nom investment of t | av-exembr p | ona proceeds | | | Ī | 1 | |

| 20) | | 10,44 AW | | | | | t Academy - Pull Pillig | I | l | ı |
|---------------|---------|---|----------------|----------------|----------------------|---------------|-------------------------|-------|---|------------------------|
| | | ĺ | | (i) Rea | I | (ii) Personal | | | | |
| | 6- | Gross rents | 6a | | | | | | | |
| | | Less: rental | | | | | _ | | | |
| | | expenses | 6b | | | | | | | |
| | С | Rental income or (loss) | 6с | | | | | | | |
| | d | Net rental income | or (| loss) | | • | 1 | | | |
| | | | | (i) Securi | ties | (ii) Other | | | | |
| | | Gross amount from sales of assets other than inventory | 7a | | | | | | | |
| Other Revenue | | Less: cost or other basis and sales expenses | 7b | | | | | | | |
| L. | | Gain or (loss) | 7c | | | | | | | |
| ÷ | d | Net gain or (loss) | • | | | • | | | | |
| 0 | b | Gross income from fur (not including \$ contributions reported See Part IV, line 18 Less: direct expense : Net income or (loss | on li | of ine 1c). | 8a 8b | nts | | | | |
| | b | Gross income from a See Part IV, line 19 Less: direct expenses Net income or (loss | ses | | 9a 9b ctivitie | es | | | | |
| | b | aGross sales of inverteurns and allowal Less: cost of goods | nces s solo | d | 10a 10b | | _ | | | |
| _ | _ | Net income or (los | s) fro | om sales of II | nvento | Business Code | T | | | |
| | 11 b | | | | | Business code | - | | | |
| | | | | | | | | | | |
|)th | | evenueMiscAmt | _ | | | | | | | |
| | d | All other revenue | | | | | 7,307 | 7,307 | | |
| | e | Total. Add lines 11 | la-1 | 1d | | • | 7,307 | | | |
| | 12 | Total revenue. Se | ee in | structions . | | 🕨 | 2,980,573 | 7,307 | 0 | 9,010 |
| | | | | | | | | | | Form 990 (2022) |

Page 10 -

Form 990 (2022) Page **10 Statement of Functional Expenses**

| Section 501(c)(3) and 501(c)(4) organizations must | complete all columns | . All other organization | ons must complete c | olumn (A). | | | | | | |
|--|---|------------------------------|-------------------------------------|---------------------------------------|--|--|--|--|--|--|
| Check if Schedule O contains a response or note to a | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | | | | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 6,178 | 6,178 | | | | | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 | | | | | | | | | | |

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and 16. **4** Benefits paid to or for members . . .

defined under section 4958(f)(1)) and persons described in 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . **9** Other employee benefits **10** Payroll taxes 11 Fees for services (non-employees): a Management **c** Accounting . e Professional fundraising services. See Part IV, line 17 **f** Investment management fees **g** Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) **12** Advertising and promotion . . **13** Office expenses **14** Information technology . 15 Rovalties . **16** Occupancy . **17** Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . **19** Conferences, conventions, and meetings . . . **20** Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 Insurance . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a SPECIAL EVENT EXPENSES b c d e All other expenses Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Form **990** (2022) Page 11 -Form 990 (2022) Page **11**

Balance Sheet

| | Check if Schedule O contains a response or note to any line in this Part IX | | | 🗆 |
|---|---|---------------------------------|---|---------------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash-non-interest-bearing | 736,124 | 1 | 1,916,759 |
| 2 | Savings and temporary cash investments | 554,911 | 2 | 563,071 |
| 3 | Pledges and grants receivable, net | 320,000 | 3 | 73,510 |
| 4 | Accounts receivable net | | 4 | |

| | | TT AIVI | Tieterodox 7 ie | adenty - Fun Finng- Nonpron | t Explorer 1 for doi: | ıca | 1 |
|---------------|-----|--|-------------------|-----------------------------|-----------------------|---------|------------------------|
| | 5 | Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the | tantial contrib | | | 5 | |
| | 6 | Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in s | | 6 | | | |
| s | 7 | Notes and loans receivable, net | | | 7 | | |
| ssets | 8 | Inventories for sale or use | | | | 8 | |
| SS | 9 | Prepaid expenses and deferred charges | | | 23,181 | 9 | 94,005 |
| _ | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 23,718 | | | |
| | b | Less: accumulated depreciation | 10b | 22,367 | 5,568 | 10c | 1,351 |
| | 11 | Investments—publicly traded securities . | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, line | 11 | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line | e 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 0 | 15 | 24,978 |
| | 16 | Total assets. Add lines 1 through 15 (must eq | ual line 33) | | 1,639,784 | 16 | 2,673,674 |
| | 17 | Accounts payable and accrued expenses | | 22,059 | 17 | 135,784 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 165,825 | 19 | 501,086 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete F | edule D | | 21 | | |
| Liabilities | 22 | Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons . | controlled entity | | 22 | | |
| <u>.</u> " | 23 | Secured mortgages and notes payable to unrela | ated third nart | ies | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | • | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | 25 | |
| | 25 | and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D | | ated crima parties, | | | |
| | 26 | Total liabilities. Add lines 17 through 25 . | | | 187,884 | 26 | 636,870 |
| Fund Balances | | Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. | heck here 🕨 | ✓ and | | | |
| ala | 27 | Net assets without donor restrictions | | | 739,431 | 27 | 1,463,047 |
| ä | 28 | Net assets with donor restrictions | | | 712,469 | 28 | 573,757 |
| or Func | 29 | Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds | | - | 29 | | |
| ts | 30 | Paid-in or capital surplus, or land, building or ed | | | | 30 | |
| se | 31 | Retained earnings, endowment, accumulated in | | <u>-</u> | | 31 | |
| As | 32 | Total net assets or fund balances | | | 1,451,900 | 32 | 2,036,804 |
| Net Assets | 33 | Total liabilities and net assets/fund balances . | | | 1,639,784 | 33 | 2,673,674 |
| 1777 | | in the second se | | <u> </u> | .,,. | | Form 990 (2022) |

——— Page 12 —

| Form | 990 (2022) | | Page 12 |
|------|--|----|----------------|
| Pa | rt XI Reconcilliation of Net Assets | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,980,573 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,395,669 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 584,904 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,451,900 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,036,804 |

| Par | t XII Financial Statements and Reporting | | | |
|------|---|----------|----------------|-----------------|
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | l |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |
| | | | Form 99 | 0 (2022) |
| | | | | |
| Form | 990 (2022) | | | |
| Ad | ditional Data | Retur | n to Fo | rm |
| | Software ID: | | | |
| | Software Version: | | | |
| Forn | n 990, Special Condition Description: | | | |
| | Special Condition Description | | | |

efile Public Visual Render

ObjectId: 202401979349302820 - Submission: 2024-07-15

TIN: 82-2903153

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

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| | | | | | | | | | Inspection | | | | |
|------|----------|--|---|---|---|-------------------------------------|---------------------------------------|---|---|--|--|--|--|
| | | he organiza ACADEMY | ition | | | | | Employer identific | cation number | | | | |
| | (OBOX) | ACADEIII | | | | | | 82-2903153 | | | | | |
| | rt I | | | | us (All organization | | | See instructions. | | | | | |
| _ | organiz | | | | dation because it is: (For lines 1 through 12, check only one box.) churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | |
| 1 | | , | | • | | | ()() | (A)(I). | | | | | |
| 2 | | A school de | escribed in s e | ection 170(b)(| (1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | |
| 3 | | A hospital | or a cooperat | tive hospital ser | vice organization desci | ribed in section | 170(b)(1)(A)(| iii). | | | | | |
| 4 | | | research orga , and state: | anization operat | ed in conjunction with | a hospital descr | ibed in section : | 170(b)(1)(A)(iii). E | nter the hospital's | | | | |
| 5 | | | | ed for the benefi omplete Part II.) | t of a college or univer) | rsity owned or op | perated by a gov | ernmental unit descri | bed in section | | | | |
| 6 | | A federal, | state, or loca | I government or | nment or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | |
| 7 | / | section 1 | 70(b)(1)(A) | (vi). (Complete | | | | nit or from the gener | al public described in | | | | |
| 8 | | A commun | ity trust desc | ribed in sectio | 170(b)(1)(A)(vi). | (Complete Part I | I.) | | | | | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions. Enter | | | | ege or university or a | | | | |
| 10 | | An organiz from activi investmen | non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) | | | | | | | | | | |
| 11 | | An organiz | ation organiz | ed and operated | d exclusively to test for | r public safety. S | ee section 509 | (a)(4). | | | | | |
| 12 | | more publi | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. | | | | | | | | | | |
| а | | organizatio | n(s) the pow | | rated, supervised, or coappoint or elect a majo | | | | | | | | |
| b | | manageme | ent of the sup | organization sup porting organiza V, Sections A | pervised or controlled in ation vested in the sand C. | n connection wit ne persons that | h its supported o control or manag | organization(s), by ha ge the supported orga | ving control or nization(s). You | | | | |
| С | | | | | supporting organizatio ions). You must com | | | | ited with, its | | | | |
| d | | Type III i | non-function y integrated. | nally integrate The organizatio | d. A supporting organi n generally must satis rt IV, Sections A and | ization operated fy a distribution | in connection wi requirement and | th its supported orga | | | | | |
| е | | Check this | box if the or | ganization recei | ved a written determir | nation from the I | | pe I, Type II, Type II | functionally | | | | |
| f | Enter | | , , | | integrated supporting | - | | | | | | | |
| g | | | • • • | - | | | | · · · · · · · <u> </u> | | | | | |
| | | Name of sup organizatio | ported | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the org | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | | |
| | | | | | | Yes | No | | | | | | |
| | • | _ | | 1 | | | | | | | | | |
| Tota | | | | | | | | | | | | | |
| | | work Reduc | tion Act No | tice, see the I | nstructions for | Cat. No. 11285 | <u>L</u> 5F | Schedule | A (Form 990) 2022 | | | | |
| Form | 990 | or 990-EZ. | | | | | | | - | | | | |
| | | | | | Da | ge 2 ——— | | | | | | | |
| | | | | | ra | g~ <u>~</u> | | | | | | | |
| Sche | dule A | (Form 990) | 2022 | | | | | | Page 2 | | | | |
| | rt II | ` ' | | e for Organiz | zations Described | in Sections 1 | .70(b)(1)(A) | (iv) and 170(b)(| | | | | |

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

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|---------|---|--------------------------|----------------------|----------------------|---------------------------|---------------------|------------------|
| | r fiscal year beginning in) 🕨 | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") | 2,326,055 | 2,098,510 | 2,705,791 | 4,145,007 | 2,964,256 | 14,239,619 |
| 2 | Tax revenues levied for the organization's benefit and either paid | | | | | | |
| 3 | to or expended on its behalf The value of services or facilities | | | | | | |
| • | furnished by a governmental unit to | | | | | | |
| 4 | the organization without charge Total. Add lines 1 through 3 | 2,326,055 | 2,098,510 | 2,705,791 | 4,145,007 | 2,964,256 | 14,239,619 |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 4,139,206 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 10,100,413 |
| | Section B. Total Support | | | | I | I | |
| | lendar year r fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 2,326,055 | 2,098,510 | 2,705,791 | 4,145,007 | 2,964,256 | 14,239,619 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,177 | 14,351 | 162 | 141 | 9,010 | 25,841 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | | 71,285 | 20,803 | 126,825 | 28,229 | 7,307 | 254,449 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 14,519,909 |
| 12 | | • | • | | | 12 | |
| 13 | , | = | | | · · | | ization, check |
| _ | this box and stop here Section C. Computation of Publi | | | <u> </u> | | 🗲 💌 | |
| 14 | - · · · · · · · · · · · · · · · · · · · | | | column (f)) | | 14 | |
| | Public support percentage for 2021 Sc | , , , | | . ,, | | 15 | |
| | 33 1/3% support test-2022. If the | | | | | | box |
| ŀ | and stop here. The organization qual 33 1/3% support test—2021. If the | | | | | | |
| 17 | box and stop here. The organization 10%-facts-and-circumstances tes | t-2022. If the or | ganization did not | check a box on lir | ne 13, 16a, or 16b | , and line 14 is 10 | % or more, |
| | and if the organization meets the "faction meets the "facts-and-circumstances" to | | · | - | • | - | |
| H | | • | • | | - | | |
| - | more, and if the organization meets t | the "facts-and-circ | cumstances" test, | check this box and | l stop here. Expla | ain in Part VI how | the organization |
| | meets the "facts-and-circumstances" Private foundation. If the organizati | test. The organiza | ation qualifies as a | publicly supporte | d organization | | ▶∪ |
| 18 | instructions | | • | | • | | ▶□ |
| | instructions | <u> </u> | | | | | Form 990) 2022 |
| | | | | | | | |
| _ | | | Page 3 | | | | |
| | | | | | | | |
| Sch | edule A (Form 990) 2022 | | | | | | Page 3 |
| | Part III Support Schedule f | or Organizatio | ns Described i | n Section 509 | (a)(2) | | |
| | (Complete only if you | | | | | | er Part II. If |
| _ | the organization fails Section A. Public Support | to quality under | r the tests listed | below, please of | complete Part II | .) | |
| | lendar year | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| (o 1 | membership fees received. (Do not | (a) 2016 | (b) 2019 | (6) 2020 | (u) 2021 | (e) 2022 | (1) local |
| 2 | include any "unusual grants.") . Gross receipts from admissions, | | + | | + | + | |
| _ | merchandise sold or services | | | | 1 | 1 | |
| | performed, or facilities furnished in any activity that is related to the | | | | 1 | 1 | |
| , | organization's tax-exempt purpose | · e | 1 | | 1 | 1 | |
| 3 | not an unrelated trade or business | | | | 1 | 1 | |
| 4 | under section 513 Tax revenues levied for the | | + | | + | + | |
| - | !!! | . l | Į | I | I | I | I |

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| | organization's penerit and either paid to or expended on its behalf | ĺ | | | | | | | |
| 5 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | |
| • | the organization without charge Total. Add lines 1 through 5 | | | | | | | | |
| 6 7a | Amounts included on lines 1, 2, and | | | | | | - | | |
| <i>,</i> a | 3 received from disqualified persons | | | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | | | |
| | received from other than disqualified persons that exceed the greater of | | | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | | | |
| | 13 for the year. | | | | | | | | |
| | Add lines 7a and 7b | | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | | |
| Se | ection B. Total Support | | | | I | | | | |
| | ndar year | | | | 1 | | 1 | | |
| | fiscal year beginning in) 🕨 | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (1) | Total | |
| 9 | Amounts from line 6 | | | | | | | | |
| 10a | Gross income from interest, | | | | | | | | |
| | dividends, payments received on securities loans, rents, royalties and | | | | | | | | |
| | income from similar sources | | | | | | | | |
| b | Unrelated business taxable income | | | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, | | | | | | | | |
| | 1975. | | | | | | | | |
| c | Add lines 10a and 10b. | | | | | | | | |
| 11 | Net income from unrelated business | | | | | | | | _ |
| | activities not included on line 10b, | 1 | | | | | | | |
| | whether or not the business is regularly carried on. | | | | | | | | |
| 12 | | | | | | | | | |
| | loss from the sale of capital assets | | | | | | | | |
| 4.2 | (Explain in Part VI.) Total support. (Add lines 9, 10c, | | | | | | | | |
| 13 | 11, and 12.). | | | | | | | | |
| 14 | First 5 years. If the Form 990 is for t | he organization's | first, second, thir | d, fourth, or fifth | tax year as a secti | ion 501(c)(3) org | aniza | tion, cl | neck |
| | this box and stop here | | | | | | | | ightharpoons |
| Se | ction C. Computation of Public | Support Perce | entage | | | | | | |
| 15 | Public support percentage for 2022 (lin | ne 8, column (f) d | livided by line 13, | column (f)) | | 15 | | | |
| 16 | Public support percentage from 2021 S | Schedule A, Part I | II, line 15 | | | 16 | | | |
| Se | ction D. Computation of Invest | ment Income | Percentage | | | • | | | |
| 17 | Investment income percentage for 20 | | | line 13, column (| f)) | 17 | | | |
| 18 | Investment income percentage from 2 | 021 Schedule A, | Part III, line 17 . | | | 18 | | | |
| | 33 1/3% support tests-2022. If the | organization did r | not check the box | on line 14, and lin | ne 15 is more than | | ne 17 | is not | |
| | more than 33 1/3%, check this box and | | | | | | | ▶ □ | |
| h | 33 1/3% support tests—2021. If the | | | | | | | | 18 is |
| | not more than 33 1/3%, check this box | - | | | • | | | | |
| 20 | | | | | | | | _ | |
| | Private foundation. If the organization | on did not check a | a box on line 14, | 19a, or 19b, cneci | k this box and see | Schedule A (| | | 2022 |
| | | | | | | Schedule A (| FORM | 990) | 2022 |
| | | | | | | | | | |
| | | | Page 4 | | | | | | |
| | | | | | | | | | |
| Sche | dule A (Form 990) 2022 | | | | | | | г | age 4 |
| | t IV Supporting Organization | | | | | | | Г | age - |
| Pdi | (Complete only if you checked | | of Part I If you ch | acked hov 12a of | f Part I complete | Sections A and B | If vo | u choc | kod |
| | box 12b, of Part I, complete Se | | | | | | | | |
| | 12d, of Part I, complete Section | | omplete Part V.) | | | | | | |
| Se | ction A. All Supporting Organiz | ations | | | | | | | |
| | | | | | | - | | Yes | No |
| 1 | Are all of the organization's supported | | | | | | | | |
| | If "No," describe in Part VI how the se | | | ted. If designated | l by class or purpo | se, | | | |
| | describe the designation. If historic an | a continuing relat | ionsnip, explain. | | | | 1 | | |
| 2 | Did the organization have any support | ed organization th | nat does not have | an IRS determina | ation of status und | ler section | | | _ |
| | 509(a)(1) or (2)? If "Yes," explain in F | Part VI how the o | rganization deter | mined that the su | pported organizati | ion was | | | |
| | described in section $509(a)(1)$ or (2) . | | | | | | 2 | | |
| За | Did the organization have a supported | organization desc | cribed in section ^a | 501(c)(4), (5) or | (6)? If "Yes " ansi | ver lines 3h and | | | |
| Ja | 3c below. | o. gamzadon dest | | , o ± (o)(¬), (o), (i | (5). 1. 105, alls | .ccs 55 and | 3a | | |
| J | Did the examination existing that | battad | ization suchts - 3 | ndor costine FO1 (| (a)(4) (F) (C) | and cations d | Jd | | <u> </u> |
| b | Did the organization confirm that each the public support tests under section | | | | | | | | |
| | determination. | - (- /(= / - 2 / - / - / - / - / - / - / - / - / | , | | | | 3b | | — |
| _ | Did the organization ensure that all su | nnort to such ora | anizatione was us | ed exclusively for | section 170(c)(2) | (B) nurnoses? | 7.0 | | |
| · | Dia the organization ensure that all Su | Phori to ancil olde | annzadono was us | Ca CACIUSIVEIY IUI | JULIU 1/0(U)(Z) | (D) pai poses: | | | 1 |

| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
|---------|--|------------|------|--------------|
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | 4a | | |
| - | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | | |
| | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting | - 54 | | |
| | organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | 10a 10b | | |
| | Schedule A | | 990) | 2022 |
| | Page 5 | | | |
| | rage 5 | | | |
| Sche | dule A (Form 990) 2022 | | P | age 5 |
| Par | t IV Supporting Organizations (continued) | 1 | | |
| | Has the avantistical accepted a gift as contribution from any of the following a survey 2 | | Yes | No |
| 11 a | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the | | | |
| u | governing body of a supported organization? | 11a | | |
| b | A family member of a person described on 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |
| Se | ction B. Type I Supporting Organizations | | | |
| _ | 501 J 65 J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Yes | No |
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 1 | | |
| | organization. | 2 | | |
| Se | ection C. Type II Supporting Organizations | | Yes | NI s |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | 165 | No |

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|---------|--|-------------------|---|--------------|---------------------|--|--|
| | each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed t | v contr he sup | ol or management of the ported organization(s). | 1 | + | | |
| Se | ction D. All Type III Supporting Organizations | | | | |] | |
| 30 | ction b. All Type III Supporting Organizations | | | | Yes | No | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of | ng the the or | prior tax year, (ii) a copy of the | | | | |
| 2 | documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the | | | | | | |
| | | 'No," e | xplain in Part VI how the | 2 | — | | |
| 3 | By reason of the relationship described in line 2 above, did the organization's support | ed orga | anizations have a significant | <u> </u> | 1 | | |
| | voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supporte | | | d. 3 | | | |
| | ction E. Type III Functionally-Integrated Supporting Organizations | t. T | | -4:> | | | |
| ۱ - | Check the box next to the method that the organization used to satisfy the Integral Po | art les | t during the year (see instru | ctions): | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | 3 halaw | | | | |
| b | The organization is the parent of each of its supported organizations. Complete | | | | , | | |
| С | The organization supported a governmental entity. Describe in Part VI how you | ou supp | oorted a government entity (s | ee instru | ictions) |) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | | | Yes | No | |
| а | Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the | Part V | /I identify those supported how the organization was | ' | | | |
| | substantially all of its activities. | | | 2a | | | |
| b | Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes, the organization's position that its supported organization(s) would have engaged in the constitution of the c | " expla | in in Part VI the reasons for | e | | | |
| | organization's involvement. | | | 2b | | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | , <u> </u> | <u> </u> | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. | icers, o | directors, or trustees of each of | of 3a | | | |
| b | Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? <i>If "Yes," describe in Part VI. the role played by the organiz</i> | | | | | | |
| | supported diganizations: If Tes, describe in Fait VI. the fole played by the diganization | ationi | 3 | 3b | 000 | 202 | |
| | | | Schedule | A (FOII | п 990) |) 202 | |
| | Page 6 | | | | | | |
| | | | | | | | |
| ched | lule A (Form 990) 2022 | | | | 1 | Page (| |
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting 0 | rgani | zations | | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. | ıst on l | Nov. 20, 1970 (explain in Par | | e | | |
| | Section A - Adjusted Net Income | 10113 1 | (A) Prior Year | (B) Cur | rrent Yea | ar | |
| 1 | Net short-term capital gain | 1 | | (0)1 | - Ioriai) | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | | |
| 4 | Add lines 1 through 3 | 4 | | | | | |
| 5 | Depreciation and depletion | 5 | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | | rrent Yea ional) | ar | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | | | | |
| | Average monthly value of securities | 1a | | | | | |
| | Average monthly cash balances | 1b | | | | | |
| _ | Fair market value of other non-exempt-use assets | 1 1 0 | | | | | |

d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors

| ~ | (explain in detail in Part VI): | | 1 | | | | | |
|---|--|---------|----------------------------|-----------------|--|--|--|--|
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | | | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | |
| 6 | Multiply line 5 by 0.035 | 6 | | | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | |
| | Section C - Distributable Amount | | | Current Year | | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | | |
| 2 | Enter 85% of line 1 | 2 | | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally-i instructions) | ntegrat | ed Type III supporting org | ganization (see | | | | |
| | Schedule A (Form 990) 2022 Page 7 ——————————————————————————————————— | | | | | | | |

Schedule A (Form 990) 2022 Page **7**

| Section D - Distributions | | Current Year |
|--|----|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | |
| 6 Other distributions (describe in Part VI). See instructions | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 Distributable amount for 2022 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by Line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022: | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable appeared | | | |

| Return Reference SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: Additional Data | FUNDRAISING - 2018 / | | Explanation | 18 AMOUNT: \$ 43,285. 2019 2022 AMOUNT: \$ 7,307. Schedule A (Form 990) 20 Return to Form |
|---|--|---|--------------------------------------|--|
| Return Reference | FUNDRAISING - 2018 / | AMOUNT: \$ 28,000. M | Explanation ISCELLANEOUS INCOME - 20 | 2022 AMOUNT: \$ 7,307. |
| Return Reference | FUNDRAISING - 2018 / | AMOUNT: \$ 28,000. M | Explanation ISCELLANEOUS INCOME - 20 | 2022 AMOUNT: \$ 7,307. |
| Return Reference CHEDULE A, PART II, LINE 10, | FUNDRAISING - 2018 / | AMOUNT: \$ 28,000. M | Explanation ISCELLANEOUS INCOME - 20 | |
| instructions). | Fact | s And Circumstance | | |
| | Fact | s And Circumstance | s Test | |
| | | | | |
| Section A, lines 1, 2, 3b, Part IV, Section D, lines 2 | 3c, 4b, 4c, 5a, 6, 9a, 9b 2 and 3; Part IV, Section | , 9c, 11a, 11b, and 11 E, lines 1c, 2a, 2b, 3a | | |
| chedule A (Form 990) 2022 | | _ | | Page |
| | | —— Page 8 —— | | 56 |
| e Excess from 2022 | | | | Schedule A (Form 990) (202 |
| c Excess from 2020 d Excess from 2021 | | | | |
| b Excess from 2019 | | | | |
| Breakdown of line 7: a Excess from 2018 | | | | |
| 7 Excess distributions carryover 9 3j and 4c. | to 2023. Add lines | | | |
| 5 Remaining underdistributions for 2 lines 3h and 4b from line 1. If the than zero, explain in Part VI. See | amount is greater | | | |
| If the amount is greater than zero See instructions. | d 4a from line 2. o, <i>explain in Part VI</i> . | | | |
| 2022, if any. Subtract lines 3g and | | | | |
| | 4b from line 4. | | | |

| Cahadula D | ObjectId: 202401979349302820 - Subn | nission: 2024-07-15 | TIN: 82-2903153 | | | | | |
|--|---|---|---|--|--|--|--|--|
| Schedule B | Schedule of | Contributors | OMB No. 1545-0047 | | | | | |
| (Form 990) Department of the Treasury Internal Revenue Service | ► Attach to Form 99 ► Go to <u>www.irs.gov/Form</u> | 2022 | | | | | | |
| Name of the organization HETERODOX ACADEMY | | | nployer identification number -2903153 | | | | | |
| Organization type (check | one): | [0= | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | ☐ 501(c)() (enter number) organization | | | | | | | |
| | 4947(a)(1) nonexempt charitable tr | ust not treated as a private foundation | | | | | | |
| | ☐ 527 political organization | | | | | | | |
| Form 990-PF | ☐ 501(c)(3) exempt private foundation | n | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | ☐ 501(c)(3) taxable private foundation | | | | | | | |
| contributions. Special Rules | | | | | | | | |
| For an organization under sections 509(| described in section 501(c)(3) filing Form 9 a)(1) and 170(b)(1)(A)(vi), that checked So ne contributor, during the year, total contrib | chedule A (Form 990 or 990-EZ), Part II | I, line 13, 16a, or 16b, and that | | | | | |
| | h, or (ii) Form 990-EŽ, line 1. Complete Pa | | 2) 2% of the amount on (i) Form | | | | | |
| | | | 2) 2% of the amount on (i) Form | | | | | |
| during the year, tota | described in section 501(c)(7), (8), or (10) I contributions of more than \$1,000 exclusion prevention of cruelty to children or animals | ively for religious, charitable, scientific, | d from any one contributor, | | | | | |
| during the year, tota purposes, or for the For an organization during the year, con If this box is checke purpose. Don't com | I contributions of more than \$1,000 exclusion | ively for religious, charitable, scientific, s. Complete Parts I, II, and III. filing Form 990 or 990-EZ that receive ole, etc., purposes, but no such contribuere received during the year for an excleved applies to this organization because | d from any one contributor, literary, or educational d from any one contributor, utions totaled more than \$1,000. <i>Jusively</i> religious, charitable, etc it received <i>nonexclusively</i> | | | | | |
| during the year, total purposes, or for the For an organization during the year, con lf this box is checked purpose. Don't compreligious, charitable. Caution: An organization the system or on its Form 990-PF, but it in or on its Form 990-PF, Part | I contributions of more than \$1,000 exclusion prevention of cruelty to children or animals described in section 501(c)(7), (8), or (10) tributions exclusively for religious, charitabed, enter here the total contributions that we plete any of the parts unless the General F | filing Form 990 or 990-EZ that receive ole, etc., purposes, but no such contributer received during the year for an excle applies to this organization because during the year. | d from any one contributor, literary, or educational d from any one contributor, utions totaled more than \$1,000. usively religious, charitable, etc it received nonexclusively b \$ ule B (Form 990, its Form 990-EZ | | | | | |
| during the year, tota purposes, or for the For an organization during the year, con If this box is checke purpose. Don't com religious, charitable. Caution: An organization the 1990-EZ, or 990-PF), but it not the purpose. | I contributions of more than \$1,000 exclusion prevention of cruelty to children or animals described in section 501(c)(7), (8), or (10) tributions exclusively for religious, charitabed, enter here the total contributions that we plete any of the parts unless the General F , etc., contributions totaling \$5,000 or more that isn't covered by the General Rule and/onust answer "No" on Part IV, line 2, of its F, line 2, to certify that it doesn't meet the fill lotice, see the Instructions | filing Form 990 or 990-EZ that receive ole, etc., purposes, but no such contributer received during the year for an excle applies to this organization because during the year. | d from any one contributor, literary, or educational d from any one contributor, utions totaled more than \$1,000. usively religious, charitable, etc. se it received nonexclusively le B (Form 990, its Form 990-EZ | | | | | |
| during the year, total purposes, or for the For an organization during the year, con lf this box is checke purpose. Don't com religious, charitable Caution: An organization the second secon | I contributions of more than \$1,000 exclusive prevention of cruelty to children or animals described in section 501(c)(7), (8), or (10) tributions exclusively for religious, charitabed, enter here the total contributions that we plete any of the parts unless the General F , etc., contributions totaling \$5,000 or more that isn't covered by the General Rule and/onust answer "No" on Part IV, line 2, of its FI, line 2, to certify that it doesn't meet the fill lotice, see the Instructions | filing Form 990 or 990-EZ that receive ole, etc., purposes, but no such contributer received during the year for an excle applies to this organization because during the year | d from any one contributor, literary, or educational d from any one contributor, usively religious, charitable, etc. it received nonexclusively b \$ use B (Form 990, its Form 990-EZ 990, | | | | | |

Schedule B (Form 990) (2022)

Name of organization

Page 2

Employer identification number

| Part I Contributor | Contributors (see instructions). Use duplicate copies of Part I if additional sp | ace is needed. | |
|-----------------------|---|--------------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| RESTRICTED | | | Person |
| | | \$ RESTRICTED | Payroll |
| | | <u> </u> | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| - | | | Payroll |
| | | <u> </u> | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| - | | | Payroll |
| | | <u> </u> | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| - | | | Payroll |
| | | <u> </u> | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| - | | | Payroll |
| | | <u> </u> | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _ | | | Person |
| - | | | Payroll |
| | | <u> </u> | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| | | | Schedule B (Form 990) (2022) |
| | Page 3 | | |
| Schedule B | (Form 990) (2022) | | Page 3 |
| Name of org | anization | Employer identification | |
| | | 82-2903153 | |
| Part II (a) | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | (c) | |
| No. from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions) | (d) Date received |

| - | | | - | \$ | | | |
|---------------------------|---|---|------------------|-------------------------------------|----------------------|--|--|
| (a) No. from Part I | (b) Description of noncash | property given | | (c) or estimate) nstructions) | (d) Date received | | |
| - | | | <u>:</u> | \$_ | | | |
| (a) No. from Part I | (b) Description of noncash | property given | | (c) or estimate) nstructions) | (d) Date received | | |
| - | | | - - - | \$ | | | |
| (a) No. from Part I | (b) Description of noncash | property given | | (c) or estimate) nstructions) | (d) Date received | | |
| - | | | - | \$ | | | |
| (a) No. from Part I | (b) Description of noncash | property given | | (c) or estimate) nstructions) | (d) Date received | | |
| - | | | [| \$ | | | |
| (a) No. from Part I | (b) Description of noncash | (b) Description of noncash property given | | | (d) Date received | | |
| - | | | <u> </u> | \$_ | | | |
| Schedule | B (Form 990) (2022) | ———— Page 4 ———— | | | Page 4 | | |
| Name of or | rganization DX ACADEMY | | | Employer identi | | | |
| Part III | Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp | ributor. Complete columns (total of exclusively religious ructions.) | a) through (e) a | and the following | line entry. For | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | ! | (d) Description of how gift is held | | | |
| - | Transferee's name, address, and 2 | (e) Transfer of g | | p of transferor to t | ransferee | | |
| (a) | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (b) Purpose of gift (c) Use of gift | | | | | |
| - | Transferration | (e) Transfer of g | lift Delati | | | | |
| - | Transferee's name, address, and 2 | <u> </u> | Relationshi | p of transferor to t | ransteree | | |
| (a) | (h) Burnoso of sift | (a) Has of gift | | (d) Doggrinti | | | |

| 0/28/24, 8:44 AM NO. 110111 Part I | (n) Fulpose of glit | Heterodox Academy - Full Filing- Nonprofit I | Explorer - ProPublica (u) Description of now gift is neighbored. |
|--|--------------------------------|--|--|
| | Transferee's name, address, an | (e) Transfer of gift d ZIP 4 Relatio | nship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transfer of gift d ZIP 4 Relatio | enship of transferor to transferee |
| | | | Schedule B (Form 990) (202 |
| | | | |

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202401979349302820 - Submission: 2024-07-15

TIN: 82-2903153

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

| | Il Revenue Service | ► Go to <u>www.irs.gov/Form</u> | 1990 for instructions and the latest info | | | | spection |
|-----|------------------------------|---|--|-------------|---------------|-----------|------------------|
| | me of the organ | ization | | Emplo | yer identi | fication | number |
| ньГ | ERODOX ACADEMY | | | 82-290 | 3153 | | |
| Pa | rt I Organi | zations Maintaining Donor Advi | sed Funds or Other Similar Funds o | r Accou | ınts. | | |
| | Comple | te if the organization answered "Ye | | | | | |
| _ | | | (a) Donor advised funds | (b |) Funds an | d other | accounts |
| 1 | | end of year | | | | | |
| 2 | 55 5 | of contributions to (during year) | | | | | |
| 3 | | of grants from (during year) | | | | | |
| 4 | 33 3 | at end of year | | | | | |
| 5 | | | rs in writing that the assets held in donor ac clusive legal control? | | ds are the | | Yes \square No |
| 6 | charitable purpo | oses and not for the benefit of the donor | onor advisors in writing that grant funds can or donor advisor, or for any other purpose o | | | sible | Yes O No |
| Pa | | rvation Easements. te if the organization answered "Ye | s" on Form 990, Part IV, line 7. | | | | |
| 1 | Purpose(s) of co | onservation easements held by the orga | nization (check all that apply). | | , | | |
| | Preservation | on of land for public use (e.g., recreation | n or education) \square Preservation of an | historica | Ily importa | nt land a | area |
| | Protection | of natural habitat | Preservation of a c | certified h | nistoric stru | cture | |
| | | on of open space | | | | | |
| 2 | | ' ' | qualified conservation contribution in the for | m of a co | ncervation | | |
| 2 | | e last day of the tax year. | qualified conservation contribution in the for | | | | of the Year |
| а | Total number of | conservation easements | | 2a | | | |
| b | Total acreage res | stricted by conservation easements | | 2b | | | |
| С | Number of conse | ervation easements on a certified histori | c structure included in (a) | 2c | | | |
| d | | ervation easements included in (c) acquie listed in the National Register | ired after July 25, 2006, and not on a | 2d | | | |
| 3 | Number of cons tax year ▶ | ervation easements modified, transferre | ed, released, extinguished, or terminated by | the orgar | nization dur | ing the | |
| 4 | Number of state | es where property subject to conservation | on easement is located 🕨 | | | | |
| 5 | | ization have a written policy regarding that of the conservation easements it holds | ne periodic monitoring, inspection, handling s? | of violatio | ons, | Yes | □ No |
| _ | Staff and volunt | teer hours devoted to monitoring, inspec | cting, handling of violations, and enforcing co | onservatio | on easemer | | |
| 6 | <u> </u> | | | | | | , |
| 7 | Amount of expe ▶ \$ | enses incurred in monitoring, inspecting, | handling of violations, and enforcing conser | vation ea | sements di | iring the | e year |
| 8 | | | above satisfy the requirements of section 1 | 70(h)(4)(| | Yes | □ No |
| 9 | balance sheet, a | | servation easements in its revenue and expe footnote to the organization's financial state ts. | | ment, and | | |
| Par | | zations Maintaining Collections te if the organization answered "Ye | of Art, Historical Treasures, or Oth s" on Form 990, Part IV, line 8. | er Simi | lar Asset | s. | |
| 1a | If the organizati | ion elected, as permitted under FASB AS | SC 958, not to report in its revenue statemer lic exhibition, education, or research in furth | | | | |
| b | historical treasu | | SC 958, to report in its revenue statement ar lic exhibition, education, or research in furth | | | | |
| (| | | | 1 | ▶ \$ | | |
| | | | | | | | |
| 2 | If the organizati | | cal treasures, or other similar assets for fina | | | he | |
| а | _ | | | | ▶ \$ | | |
| b | | · | | | · —— | | |

Cat. No. 52283D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

| _ | | | _ |
|---|---|--|----|
| D | 2 | | ٠, |
| | | | |

| Sche | dule D | (Form 990) 2022 | | | | | | | | | | | Page 2 |
|--------|------------------|---|-------------------------------|---------------|-------------|-------------------------|-------------|-----------|------------|-----------------|-----------------|----------|----------------|
| Part | III | Organizations Ma | aintaining Coll | ections o | f Art, I | listorical [•] | reası | ures, o | r Other | Similar As | ssets (conti | nued) | |
| 3 | | the organization's acqu (check all that apply): | uisition, accession | , and other | records | | f the fo | llowing | that are | a significant ι | ise of its coll | ection | |
| а | | Public exhibition | | | | d 🗌 | Loan | or exch | nange pro | grams | | | |
| b | | Scholarly research | | | | e 🗌 | Othe | er | | | | | |
| С | | Preservation for future | generations | | | | | | | | | | |
| 4 | Provid Part X | de a description of the c | organization's coll | ections and | explain | how they fur | ther th | e organi | zation's e | exempt purpo | se in | | |
| 5 | | g the year, did the orga s to be sold to raise fun | | | | | | | | | ☐ Yes | □ N | 0 |
| Par | t IV | Escrow and Custo Complete if the org line 21. | ganization answ | ered "Yes" | | | | | | | nt on Form | 990, | Part X, |
| 1a | Is the | organization an agent, led on Form 990, Part X | , trustee, custodia (? | n or other in | ntermed | liary for cont | ibutior | ns or oth | er assets | not | ☐ Yes | | 0 |
| b | If "Ye | s," explain the arrange | ment in Part XIII | and complet | te the fo | llowing table | : | | | A | mount | | _ |
| c | | ning balance | | · | | - | | | 1c | | | | _ |
| d | _ | ons during the year | | | | | | | 1d | | | | |
| е | Distri | butions during the year | · | | | | | | 1e | | | | _ |
| f | Endin | g balance | | | | | | | 1f | | | | _ |
| 2a | Did th | ne organization include | an amount on For | rm 990, Part | X, line | 21, for escro | w or cu | ustodial | account l | iability? | ☐ Yes | | 0 |
| b | | s," explain the arranger | | • | • | • | | | | • | _ | | |
| Pa | rt V | Endowment Fund | | | | • | | | | | | | |
| | | Complete if the org | ganization answ | | | | | | | 1 | | | |
| 1- | Roginn | ing of year balance . | | (a) Current | t year | (b) Prior ye | ear | (c) Two | years back | (d) Three year | ars back (e) F | our yea | rs back |
| | _ | outions | • • • | | | | | | | | | | |
| | | | us and losses | | | | | | | | | | |
| | | estment earnings, gain or scholarships | | | | | | | | | | | |
| e | Other 6 | expenditures for facilitie | + | | | | | | | | | | |
| | • | strative expenses . | | | | | | | | | | | |
| g | End of | year balance | | | | | | | | | | | |
| 2 a | Provid | de the estimated percer I designated or quasi-er | - | nt year end | balance | (line 1g, col | umn (a |)) held a | as: | | | | |
| a b | | anent endowment | | | ••• | | | | | | | | |
| C | | endowment | | | | | | | | | | | |
| | | ercentages on lines 2a, | . 2b, and 2c shoul | d equal 100 | %. | | | | | | | | |
| 3а | | nere endowment funds ization by: | not in the possess | sion of the o | rganizat | tion that are | held ar | nd admir | nistered f | or the | | Yes | No |
| | (i) Ur | nrelated organizations | | | | | | | | | 3a(i) | | |
| | | elated organizations . | | | • • | | | | | | 3a(ii) | | |
| ь 4 | | s" on 3a(ii), are the relations in the inte | • | | • | | | | | | 3b | | |
| | t VI | Land, Buildings, | | | r 5 chao | Willette Tarias | | | | | | | |
| r ar | | Complete if the org | | | on For | m 990, Par | t IV, li | ne 11a | . See Fo | rm 990, Par | t X, line 10 | ١. | |
| | Descri | ption of property | (a) Cost or oth (investmen | | (b) Cost | or other basis | (other) | (c) Ac | cumulated | depreciation | (d) Bo | ok value | 2 |
| 1a | Land | | | | | | | | | | | | |
| b | Buildin | gs | | | | | | | | | | | |
| c | Leaseh | old improvements | | | | | | | | | | | |
| d | Equipm | nent | | | | | 23,718 | | | 22,367 | | | 1,351 |
| - | | | | | | | | | | | | | |
| Tota | I. Add | lines 1a through 1e. (Co | olumn (d) must e | qual Form 9 | 90, Part | X, column (| 3), line | 10(c).) | | • | | | 1,351 |
| | | | | | | | | | | Sch | edule D (Fo | rm 99 | 01 2022 |

| | Investments - Other Securities. | D= == E T (| line 111-0 - 5 | 000 5 13 | lima 10 |
|--------------------------|---|----------------|-----------------|--|---|
| | Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security) | (b) Book value | | m 990, Part X (c) Method of v t or end-of-year | aluation: |
| | ll derivatives | Value | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | • | | | |
| Part VIII | Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F | Part IV, | | | |
| | (a) Description of investment | | (b) Book value | | hod of valuation: of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colum Part IX | n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. | ٠ | | | |
| | Complete if the organization answered 'Yes' on Form 990, P (a) Description | art IV, I | ne 11d. See For | m 990, Part X | , line 15. (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. | | | • | |

| /28/24, 8:44 AM Heterodox Acaden | emy - Full | Filing | g- Nonprofit Explorer - Pro | Publica | 1 |
|---|------------|----------|---|----------------|--------------------------|
| | | | | | |
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| | | | | | |
| | | | | | |
| tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | | | | _ | |
| Liability for uncertain tax positions. In Part XIII, provide the text of the footi | tnote to t | he or | ganization's financial st | atements th | at reports the |
| ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Che | | | - | | |
| · · · · · · · · · · · · · · · · · · · | | | | | D (Form 990) 2022 |
| | | | | | |
| Page 4 | 4 —— | | | | |
| nedule D (Form 990) 2022 | | | | | Page 4 |
| art XI Reconciliation of Revenue per Audited Financial St. | tateme | nts ' | With Revenue per R | Return. | raye 4 |
| Complete if the organization answered 'Yes' on Form 990 | | | - | | |
| Total revenue, gains, and other support per audited financial statements | ts | ٠ | | 1 | 3,092,573 |
| Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 | ı | | | |
| Net unrealized gains (losses) on investments | - | 2a | | _ | |
| Donated services and use of facilities | | 2b | 112,000 | 0 | |
| Recoveries of prior year grants | | 2c | | 4 | |
| Other (Describe in Part XIII.) | <u> </u> | 2d | | | 112.000 |
| Add lines 2a through 2d | | • | | 2e 3 | 2,980,573 |
| Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | 3 | 2,960,573 |
| Investment expenses not included on Form 990, Part VIII, line 7b. | Ι. | 4a | | | |
| Other (Describe in Part XIII.) | - | 4b | | 1 | |
| : Add lines 4a and 4b | · | | | 4c | 0 |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | ine 12.) | | | 5 | 2,980,573 |
| art XII Reconciliation of Expenses per Audited Financial S | Stateme | nts | | Return. | |
| Complete if the organization answered 'Yes' on Form 990 | | | | | 2.507.660 |
| Total expenses and losses per audited financial statements | | | | 1 | 2,507,669 |
| Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 1 | 2a | 112,000 | | |
| Donated services and use of facilities | | 2a 2b | 112,000 | ' | |
| Other losses | | 2c | | - | |
| Other (Describe in Part XIII.) | | 2d | | + | |
| Add lines 2a through 2d | · | | | 2e | 112,000 |
| Subtract line 2e from line 1 | | | | 3 | 2,395,669 |
| Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | <u>-</u> |
| Investment expenses not included on Form 990, Part VIII, line 7b | | 4a | | | |
| b Other (Describe in Part XIII.) | | 4b | | | |
| Add lines 4a and 4b | | | | 4c | 0 |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I | line 18.) | | | 5 | 2,395,669 |
| art XIII Supplemental Information | | | | • | |
| rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 | | | | t V, line 4; F | Part X, line 2; Part XI, |
| nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov | oviue any | audit | | | |
| Return Reference | N IC EVE | 1DT 5 | Explanation | TAVEC BUS | CHANT TO CECTION 50: |
| | | | ROM FEDERAL INCOME E. THE ORGANIZATION 1 | | |
| TAXES. MANAGEMEN | NT HAS A | NALY | ZED THE TAX POSITION | S TAKEN BY | THE ORGANIZATION A |
| POSITIONS TAKEN O | OR EXPEC | TED | IGUST 31, 2023 AND 20 TO BE TAKEN THAT WO | ULD REQUIF | RE RECOGNITION OF A |
| | | | OSURE IN THE FINANCIA GANIZATION EXEMPT FR | | |
| | | | ALLY. THE ORGANIZATION | | |

2020 REMAIN ELIGIBLE FOR EXAMINATION BY THE IRS.

Schedule D (Form 990) 2022

Additional Data Return to Form

Software ID: Software Version:

10/28/24 8:44 AM Heterodox Academy - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202401979349302820 - Submission: 2024-07-15 TIN: 82-2903153 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to <u>www.irs.gov/Form990</u> for the latest information. Open to Public Department of the Treasury Internal Revenue Service Employer identification number HETERODOX ACADEMY 82-2903153 Part I General Information on Grants and Assistance 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, other) organization (if applicable) grant cash noncash assistance or assistance or government (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)2 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022 — Page 2 — Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (b) Number of (a) Type of grant or assistance (c) Amount of (e) Method of valuation (book (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) (1) GRANTS 6,178 (1) (2) (3) (4) (5) (6) (7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2: THE ORGANIZATION ENTERS INTO GRANT AGREEMENTS WITH ALL GRANT RECIPIENTS

Schedule I (Form 990) 2022

Additional Data Return to Form

> Software ID: Software Version:

efile Public Visual Render ObjectId: 202401979349302820 - Submission: 2024-07-15 TIN: 82-2903153 OMB No. 1545-0047

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

2022

| Part I Questions Regarding Compensation | | | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | ZU | | _ |
|--|-------|-------------------|---|-----------|-------|--|
| Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding between the definition of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, did the organization provided any relevant information regarding payment or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain or a compensation or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain or reimbursement or provision of all of the expenses described above? If *No,* complete Part III to explain or reimbursement or provision of all of the expenses and increase or provision or all officers. The explain or explain in Part III. During the year, old any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Application of the part III. Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | | | | |
| Part I Questions Regarding Compensation Check the appropriate box(e) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | ation Employer identifi | cation nu | ımber | |
| Tas Check the appropiate box(cs) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel | | ENOBOX NORBEITI | 82-2903153 | | | |
| 1a Check the approplate box(es) if the organization provided any of the following to or for a person listed on form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel | Pa | rt I Questi | ons Regarding Compensation | | | |
| 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel | | | | | Yes | No |
| Travel for companions | 1a | | | | | |
| Tax idemnification and gross-up payments | | ☐ First-class | or charter travel Mousing allowance or residence for personal use | | | |
| Discretionary spending account | | ☐ Travel for | companions — Payments for business use of personal residence | | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to relimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, reparting the Items checked on Line 1a?. 2 Yes 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? b Participate in, or receive payment from, an equity-based compensation arrangement? d Participate in, or receive payment from, an equity-based compensation arrangement? b Participate in, or receive payment from, an equity-based compensation arrangement? b Participate in, or receive payment from, an equity-based compensation arrangement? b Participate in, or receive payment from, an equity-based compensation arrangement? f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati | | ☐ Tax idemr | nification and gross-up payments Health or social club dues or initiation fees | | | |
| reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1 | | Discretion | Personal services (e.g., maid, chauffeur, chef) | | | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | b | | | 1 b | Yes | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee | 2 | | | | | |
| organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee | | directors, truste | es, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 | Yes | |
| Independent compensation consultant Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? The organization? The organization? The organization orm 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? The organization organization arrangement? The organization? The organization organization? The organization? The organization? The organization? The organization? The organization? The organization organization? The organization? The organization? The organization organization? The | 3 | organization's C | EO/Executive Director. Check all that apply. Do not check any boxes for methods | | | |
| Independent compensation consultant Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? The organization? The organization? The organization orm 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? The organization organization arrangement? The organization? The organization organization? The organization? The organization? The organization? The organization? The organization? The organization organization? The organization? The organization? The organization organization? The | | Compensa | ation committee | | | |
| During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes," on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception des | | _ | | | | |
| Receive a severance payment or change-of-control payment? Receive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? The organization o | | Form 990 | of other organizations Approval by the board or compensation committee | | | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4 | | | a | | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 26 | а | | | | | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? | | | . , | | | No |
| For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? | С | | | 4c | | No |
| a The organization? | 5 | For persons liste | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a | | compensation co | ontingent on the revenues or: | | | |
| If "Yes," on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? | - | | | | | No |
| compensation contingent on the net earnings of: a The organization? | b | | | 5b | | No |
| b Any related organization? | 6 | | | | | |
| If "Yes," on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 20 | а | The organization | 17 | 6a | | No |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 20 | b | Any related orga | anization? | 6b | | No |
| payments not described in lines 5 and 6? If "Yes," describe in Part III | | If "Yes," on line | 6a or 6b, describe in Part III. | | | |
| subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 7 | | | 7 | | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 8 | subject to the in | itial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | 8 | | No |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 20 | 9 | | | | | |
| | For P | aperwork Redu | | | 1 990 | 2022 |
| | | | Page 2 — | , | , | |

Schedule J (Form 990) 2022 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a, applicable column (D) and (E) amounts for that individuals.

| Note. The sum of columns (B)(i)-(iii) for each listed individual must | equal the tot | ai amount of Form | 990, Part VII, Sec | ction A, line 1a, ap | piicable column (L |) and (E) amount | ts for that indi | viduai. |
|--|---------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------|------------------|---|
| (A) Name and Title | | (B) Breakdown | of W-2, 1099-MIS and/or 1099-NEC | | and other | (D) Nontaxable benefits | columns | (F) Compensation in |
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | (B)(i)-(D) | column (B) reported as deferred on prio Form 990 |
| 1 JOHN TOMASI CHIEF EXECUTIVE OFFICE | (i) | 364,854 | 0 | 101,467 | 1,969 | 33,781 | 502,071 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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|------------------------------------|--|--------|--------------------|--------------------|--------------------|--------------------|-------------------|-------------------|---------------|
| PART I, LINE 1A | THE ORGANIZATION PROVIDES A INCLUDED ON THEIR W-2. AS SU | | | | | | AXABLE INCOM | E TO THE INDIV | IDUAL AND IS |
| Return Reference | | | | | xplanation | | | | |
| Provide the information, explanati | on, or descriptions required for Part I, lin | es 1a, | 1b, 3, 4a, 4b, 4c, | 5a, 5b, 6a, 6b, 7, | and 8, and for Par | t II. Also complet | e this part for a | ny additional inf | ormation. |
| Part III Supplemental Ir | nformation | | | | | | | | |
| chedule J (Form 990) 2022 | | | · | | · | · | | | Page 3 |
| | | | | age 5 | | | | | |
| | | | | Page 3 ——— | | | | | |
| | | | | | | | • | Schedule J (F | orm 990) 2022 |
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ObjectId: 202401979349302820 - Submission: 2024-07-15

TIN: 82-2903153

OMB No. 1545-0047

2022

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization HETERODOX ACADEMY

Employer identification number

82-2903153

| Return Reference | Explanation |
|---|--|
| FORM 990, PART V, LINE 2B: | THE ORGANIZATION USES A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) FOR THE FILING OF FORMS W-2. AS SUCH, THE ORGANIZATION ITSELF DOES NOT ISSUE ANY FORMS W-2 USING ITS EIN. THE ORGANIZATION DOES, HOWEVER, HAVE 19 EMPLOYEES WHO RECEIVE W-2S THROUGH THE PEO PAYMASTER. |
| FORM 990, PART VI, SECTION A, LINE 8B | NO COMMITTEES WERE IN OPERATION |
| FORM 990, PART VI, SECTION B, LINE 11B | BOARD REVIEWS THE FORM 990, AND COMMENTS ARE DIRECTED TO THE EXECUTIVE DIRECTOR FOR INCORPORATION INTO THE RETURN. |
| FORM 990, PART VI, SECTION B, LINE 12C | THE POLICY IS MONITORED BY DISCUSSING IT YEARLY AND REQUESTING A COI DOCUMENT TO BE SIGNED EVERY YEAR. |
| FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION OF TOP MANAGEMENT INCLUDES A REVIEW BY THE BOARD OF DIRECTORS COMPENSATION OF OFFICERS AND KEY EMPLOYEES INCLUDES A REVIEW BY THE BOARD CHAIR. |
| FORM 990, PART VI, SECTION C, LINE 19 | ALL DOCUMENTS ARE AVAILABLE UPON REQUEST |
| FORM 990, PART IX, LINE 11G | OTHER FEES: PROGRAM SERVICE EXPENSES 51,566. MANAGEMENT AND GENERAL EXPENSES 14,970. FUNDRAISING EXPENSES 16,634. TOTAL EXPENSES 83,170. CONSULTANTS: PROGRAM SERVICE EXPENSES 121,428. MANAGEMENT AND GENERAL EXPENSES 28,590. FUNDRAISING EXPENSES 42,980. TOTAL EXPENSES 192,998. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data Return to Form

Software ID:

Software Version: